

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37818

1. PLACE OF DEATH

County Leon

Registration District No. 590

Township Union

Primary Registration District No. 5545

City Annapolis

(No. 1 St. 1 Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. 6 ds. 8 How long in U. S., if of foreign birth? yrs. 8 mos. 8 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 9 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6 mo

1937

April

8

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Annapolis, Mo.

13. NAME

Wesley M. Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Minimuk, Mo.

15. MAIDEN NAME

Bessie E. Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Annapolis, Mo.

17. INFORMANT (ADDRESS)

Wesley M. Long
Annapolis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Annapolis

DATE April 17 37

19. UNDERTAKER (ADDRESS)

White & Copeland
Annapolis, Mo.

20. FILED

10 1937

B. C. Gunter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-1-37, 1937, to 10-16-37, 1937

I last saw her alive on October 16, 1937 Death is said to have occurred on the date stated above, at 8:00 A.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia

Date of onset

Other contributory causes of importance:

otitis media

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. J. M. Smith M. D.

(Address) Ir. aton, L. 35001

